

Section 5 – TOPICAL MODULES

Part A – WORK SCHEDULE

CHECK
ITEM T1

Is "Worked" (code 170) marked
on the ISS?

- 8000 1 ☐ Yes – Read statement C
2 ☐ No – SKIP to Check Item T2, page 56

STATEMENT C

You said . . . worked during (Read reference period months). These next few questions
ask about . . . 's work schedule during a typical week that . . . worked during that
4-month period.

1a. How many employers did . . .
work for during a typical week?
(Count self-employed as one
employer.)

- 8002 1 ☐ 1
2 ☐ 2
3 ☐ 3 +

If two or more employers, ask items
1b–h for the first job, then repeat
for the second job.

JOB 1

JOB 2

b. How many hours per day did . . .
work that week?

8004 Hours

8006 Hours

c. How many days did . . . work during
that week?

8008 Days

8010 Days

d. Which days of the week were these?
Mark (X) all that apply.

- 8012 1 ☐ Monday through Friday
8016 2 ☐ Sunday
8020 3 ☐ Monday
8024 4 ☐ Tuesday
8028 5 ☐ Wednesday
8032 6 ☐ Thursday
8036 7 ☐ Friday
8040 8 ☐ Saturday
8044 x5 ☐ All days

- 8014 1 ☐ Monday through Friday
8018 2 ☐ Sunday
8022 3 ☐ Monday
8026 4 ☐ Tuesday
8030 5 ☐ Wednesday
8034 6 ☐ Thursday
8038 7 ☐ Friday
8042 8 ☐ Saturday
8046 x5 ☐ All days

e. During that week, at what time
of day did . . . begin work most
days?

8048 : { 1 ☐ a.m.
2 ☐ p.m.
(Time)

8050 8052 : { 1 ☐ a.m.
2 ☐ p.m.
(Time)

f. At what time of day did . . . end
work most days?

8056 8058 : { 1 ☐ a.m.
2 ☐ p.m.
(Time)

8060 8062 : { 1 ☐ a.m.
2 ☐ p.m.
(Time)

NOTES

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)

Part A – WORK SCHEDULE (Continued)

1g. Which of the following best describes . . . 's work schedule at this job?

Read categories.

Mark (X) only one.

JOB 1

JOB 2

8064

- 1 ☐ Regular daytime schedule
- 2 ☐ Regular evening shift
- 3 ☐ Regular night shift
- 4 ☐ Rotating shift (one that changes regularly from days to evenings or nights)
- 5 ☐ Split shift (one consisting of two distinct periods each day)
- 6 ☐ Irregular schedule (one that changes from day to day)
- 7 ☐ Other – Specify ↓

8066

- 1 ☐ Regular daytime schedule
- 2 ☐ Regular evening shift
- 3 ☐ Regular night shift
- 4 ☐ Rotating shift (one that changes regularly from days to evenings or nights)
- 5 ☐ Split shift (one consisting of two distinct periods each day)
- 6 ☐ Irregular schedule (one that changes from day to day)
- 7 ☐ Other – Specify ↓

h. What is the MAIN reason . . . works (Read shift description marked in item 1g)?

Mark (X) only one.

VOLUNTARY REASONS

8068

- 1 ☐ Better child care arrangements
- 2 ☐ Better pay
- 3 ☐ Better arrangements for care of other family members
- 4 ☐ Allows time for school
- 5 ☐ Other voluntary reasons

INVOLUNTARY REASONS

- 6 ☐ Could not get any other job
- 7 ☐ Requirement of the job
- 8 ☐ Other involuntary reasons

VOLUNTARY REASONS

8070

- 1 ☐ Better child care arrangements
- 2 ☐ Better pay
- 3 ☐ Better arrangements for care of other family members
- 4 ☐ Allows time for school
- 5 ☐ Other voluntary reasons

INVOLUNTARY REASONS

- 6 ☐ Could not get any other job
- 7 ☐ Requirement of the job
- 8 ☐ Other involuntary reasons

CHECK ITEM T1.1

Refer to item 1a.

Is box 2 or 3 marked?

8072

- 1 ☐ Yes – Ask items 1b through 1h for next job
- 2 ☐ No – Go to Check Item T2, page 56

Go to Check Item T2, page 56

NOTES

TOPICAL MODULES

Section 5 – TOPICAL MODULES (Continued)		
Part B – CHILD CARE		
CHECK ITEM T2	<p>Refer to cc items 27 and 24.</p> <p>Is . . . the designated parent or guardian of children under 15 years of age who live in this household?</p>	<div>8100</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No — SKIP to Check Item T12, page 60</div>
CHECK ITEM T3	<p>Is “Worked” (code 170) marked on the ISS?</p>	<div>8102</div> <div>1 <input type="checkbox"/> Yes — SKIP to Check Item T6</div> <div>2 <input type="checkbox"/> No</div>
CHECK ITEM T4	<p>Refer to item 30a, page 13.</p> <p>Was . . . enrolled in school during the reference period?</p>	<div>8103</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No — SKIP to Check Item T5</div>
1. About how many hours per week did . . . usually spend in school last month?		<div>8104</div> <div><div><div><div></div><div></div></div>Hours</div><div>OR</div><div>x1 <input type="checkbox"/> Hours varied</div><div>x2 <input type="checkbox"/> Don’t know</div><div>x3 <input type="checkbox"/> Not enrolled last month</div></div> <div>} SKIP to Check Item T6</div>
CHECK ITEM T5	<p>Refer to item 2a, page 2.</p> <p>Did . . . spend any time looking for work or on layoff from a job during the reference period?</p>	<div>8106</div> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No — SKIP to Check Item T12, page 60</div>
2. About how many hours per week did . . . usually spend looking for a job last month?		<div>8108</div> <div><div><div><div></div><div></div></div>Hours</div><div>OR</div><div>x1 <input type="checkbox"/> Hours varied</div><div>x2 <input type="checkbox"/> Don’t know</div><div>x3 <input type="checkbox"/> Did not look for a job last month — SKIP to Check Item T12, page 60</div></div>
NOTES		

Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD CARE (Continued)

CHECK ITEM T6		YOUNGEST		SECOND YOUNGEST		THIRD YOUNGEST	
Refer to cc items 18, 19, 24, and 27. Beginning with the youngest child enter person numbers, ages, and names of children under 15, who are household members, for whom the person is a parent or guardian.		Person No. Age		Person No. Age		Person No. Age	
		8114 <input type="text"/> <input type="text"/> <input type="text"/>		8116 <input type="text"/> <input type="text"/> <input type="text"/>		8118 <input type="text"/> <input type="text"/> <input type="text"/>	
		Name <input type="text"/>		Name <input type="text"/>		Name <input type="text"/>	
ASK 3a–4f for the youngest child and then read 3a–4f for the second and third youngest.							
Now we have some questions about how the children in this household were cared for while . . . was working (in school/looking for a job). 3a. During (Last month), what was (Name of child) usually doing or how was (Name of child) usually cared for during most of the hours that . . . worked (was in school/was looking for a job)? Mark the arrangement in which the child spent the most hours in a typical week last month. Mark (X) only one box.		8120		8122		8124	
		<div>1 <input type="checkbox"/> Child's other parent/stepparent</div> <div>2 <input type="checkbox"/> Child's brother/sister</div> <div>3 <input type="checkbox"/> Child's grandparent</div> <div>4 <input type="checkbox"/> Other relative of child</div> <div>5 <input type="checkbox"/> Nonrelative of child</div> <div>6 <input type="checkbox"/> Child in day/group care center</div> <div>7 <input type="checkbox"/> Child in nursery/preschool</div> <div>8 <input type="checkbox"/> Child in organized school-based activity (before/after school)</div> <div>9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school</div> <div>10 <input type="checkbox"/> Child cares for self</div> <div>11 <input type="checkbox"/> . . . works at home</div> <div>12 <input type="checkbox"/> . . . cares for child at work (in class/while job hunting)</div> <div>13 <input type="checkbox"/> Child not born and/or . . . not guardian as of last month</div> <div>14 <input type="checkbox"/> . . . did not work, go to school, or look for job last month</div> <div>SKIP to Check Item T7</div> <div>SKIP to next child or Check Item T12, page 60</div> <div>SKIP to 5c, page 59</div>		<div>1 <input type="checkbox"/> Child's other parent/stepparent</div> <div>2 <input type="checkbox"/> Child's brother/sister</div> <div>3 <input type="checkbox"/> Child's grandparent</div> <div>4 <input type="checkbox"/> Other relative of child</div> <div>5 <input type="checkbox"/> Nonrelative of child</div> <div>6 <input type="checkbox"/> Child in day/group care center</div> <div>7 <input type="checkbox"/> Child in nursery/preschool</div> <div>8 <input type="checkbox"/> Child in organized school-based activity (before/after school)</div> <div>9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school</div> <div>10 <input type="checkbox"/> Child cares for self</div> <div>11 <input type="checkbox"/> . . . works at home</div> <div>12 <input type="checkbox"/> . . . cares for child at work (in class/while job hunting)</div> <div>13 <input type="checkbox"/> Child not born and/or . . . not guardian as of last month</div> <div>SKIP to next child or Check Item T12, page 60</div>		<div>1 <input type="checkbox"/> Child's other parent/stepparent</div> <div>2 <input type="checkbox"/> Child's brother/sister</div> <div>3 <input type="checkbox"/> Child's grandparent</div> <div>4 <input type="checkbox"/> Other relative of child</div> <div>5 <input type="checkbox"/> Nonrelative of child</div> <div>6 <input type="checkbox"/> Child in day/group care center</div> <div>7 <input type="checkbox"/> Child in nursery/preschool</div> <div>8 <input type="checkbox"/> Child in organized school-based activity (before/after school)</div> <div>9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school</div> <div>10 <input type="checkbox"/> Child cares for self</div> <div>11 <input type="checkbox"/> . . . works at home</div> <div>12 <input type="checkbox"/> . . . cares for child at work (in class/while job hunting)</div> <div>13 <input type="checkbox"/> Child not born and/or . . . not guardian as of last month</div> <div>SKIP to next child or Check Item T12, page 60</div>	
		8126		8128		8130	
b. Was (Name of child) usually cared for at his/her home, at someone else's home, or at some other place?		<div>1 <input type="checkbox"/> Child's home</div> <div>2 <input type="checkbox"/> Other private home</div> <div>3 <input type="checkbox"/> Other place</div>		<div>1 <input type="checkbox"/> Child's home</div> <div>2 <input type="checkbox"/> Other private home</div> <div>3 <input type="checkbox"/> Other place</div>		<div>1 <input type="checkbox"/> Child's home</div> <div>2 <input type="checkbox"/> Other private home</div> <div>3 <input type="checkbox"/> Other place</div>	
CHECK ITEM T7		8132		8134		8136	
Is box 3–8 marked in item 3a?		<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 3f, page 58</div>		<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 3f, page 58</div>		<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 3f, page 58</div>	
3c. Was any money payment usually made for this arrangement?		8138		8140		8142	
		<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 3f, page 58</div>		<div>1 <input type="checkbox"/> Yes – SKIP to 3d</div> <div>2 <input type="checkbox"/> No – SKIP to 3f, page 58</div>		<div>1 <input type="checkbox"/> Yes – SKIP to 3d</div> <div>2 <input type="checkbox"/> No – SKIP to 3f, page 58</div>	
CHECK ITEM T8		8144					
Are there 2 or more children listed in Check Item T6?		<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No – SKIP to 3e</div>					
ASK OR VERIFY – 3d. Does . . . (or . . . 's family) pay for (Name of child)'s child care separately, or does the payment for the care you just described also cover some other child?		8146		8148		8150	
		<div>1 <input type="checkbox"/> Payment for youngest child separately</div> <div>2 <input type="checkbox"/> Includes another child</div>		<div>1 <input type="checkbox"/> Payment for second youngest child separately</div> <div>2 <input type="checkbox"/> Includes another child</div>		<div>1 <input type="checkbox"/> Payment for third youngest child separately</div> <div>2 <input type="checkbox"/> Includes another child</div>	
ASK OR VERIFY – e. In a typical week, how much did . . . (or . . . 's family) usually pay in this arrangement for (Name of child)? (If payment includes money paid for another child, write in total amount for all children in first mentioned child's column. If dollar amount already recorded from previous child(ren) mark code X2 or X3 as applicable.)		8152		8154		8156	
		<div>\$ <input type="text"/> . <input type="text"/> 00 Per week</div> <div>x1 <input type="checkbox"/> DK</div>		<div>\$ <input type="text"/> . <input type="text"/> 00 Per week</div> <div>x1 <input type="checkbox"/> DK</div> <div>Previously recorded for –</div> <div>x2 <input type="checkbox"/> Youngest child</div>		<div>\$ <input type="text"/> . <input type="text"/> 00 Per week</div> <div>x1 <input type="checkbox"/> DK</div> <div>Previously recorded for –</div> <div>x2 <input type="checkbox"/> Youngest child</div> <div>x3 <input type="checkbox"/> Second youngest</div>	

Section 5 — TOPICAL MODULES (Continued)

Part B — CHILD CARE (Continued)

	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
3f. About how many hours per week was (Name of child) usually cared for in the arrangement while . . . worked (was in school/was looking for a job) last month?	8158 <input type="text"/> <input type="text"/> Hours	8160 <input type="text"/> <input type="text"/> Hours	8162 <input type="text"/> <input type="text"/> Hours
g. Was any other arrangement usually used for (Name of child) in a typical week last month?	8164 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next child or Check Item T11	8166 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to next child or Check Item T11	8168 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T11
4a. What did (Name of child) do or how was (Name of child) cared for during most of the other hours that . . . worked (was in school/ was looking for a job)? Mark the arrangement in which the child spent the second most hours in a typical week. Mark (X) only one box.	8170 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class/while job hunting) SKIP to Check Item T9	8172 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class/while job hunting) SKIP to Check Item T9	8174 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> . . . works at home 12 <input type="checkbox"/> . . . cares for child at work (in class/while job hunting) SKIP to Check Item T9
b. Was (Name of child) usually cared for at his/her home, at someone else's home, or at some other place?	8176 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	8178 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place	8180 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place
CHECK ITEM T9 Is box 3—8 marked in item 4a?	8182 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4f	8184 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4f	8186 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4f
4c. Was any money payment usually made for this arrangement?	8188 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4f	8190 1 <input type="checkbox"/> Yes — SKIP to 4d 2 <input type="checkbox"/> No — SKIP to 4f	8192 1 <input type="checkbox"/> Yes — SKIP to 4d 2 <input type="checkbox"/> No — SKIP to 4f
CHECK ITEM T10 Are there 2 or more children listed in Check Item T6?	8194 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4e		
4d. ASK OR VERIFY — Does . . . (or . . . 's family) pay for (Name of child's child care separately, or does the payment for the care you just described also cover some other child?	8196 1 <input type="checkbox"/> Payment for youngest child separately 2 <input type="checkbox"/> Includes another child	8198 1 <input type="checkbox"/> Payment for second youngest child separately 2 <input type="checkbox"/> Includes another child	8200 1 <input type="checkbox"/> Payment for third youngest child separately 2 <input type="checkbox"/> Includes another child
e. ASK OR VERIFY — In a typical week, how much did . . . (or . . . 's family) usually pay in this arrangement for (Name of child)? (If payment includes money paid for another child, write in total amount for all children in first mentioned child's column. If dollar amount already recorded from previous child(ren) mark code X2 or X3 as applicable.)	8202 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Per week x1 <input type="checkbox"/> DK Previously recorded for — x2 <input type="checkbox"/> Youngest child	8204 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Per week x1 <input type="checkbox"/> DK Previously recorded for — x2 <input type="checkbox"/> Youngest child	8206 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Per week x1 <input type="checkbox"/> DK Previously recorded for — x2 <input type="checkbox"/> Youngest child x3 <input type="checkbox"/> Second youngest
f. About how many hours per week was (Name of child) usually cared for in the arrangement while . . . worked (was in school/was looking for a job)?	8208 <input type="text"/> <input type="text"/> Hours SKIP to next child or Check Item T11	8210 <input type="text"/> <input type="text"/> Hours SKIP to next child or Check Item T11	8212 <input type="text"/> <input type="text"/> Hours SKIP to Check Item T11

Section 5 – TOPICAL MODULES (Continued)

Part B – CHILD CARE (Continued)

CHECK
ITEM T11

Refer to cc items 27 and 24.
Is . . . the designated parent or
guardian of 4 or more children under
15 years old who live in this
household?

- 8214 1 ☐ Yes
2 ☐ No — SKIP to 5b

5a. Considering all of . . . 's children under 15 in the
household, even those not previously mentioned,
how much did . . . (or . . . 's family) pay for child care
for all of . . . 's children for all arrangements used, in
a typical week?

(Exclude cost of school tuition for kindergarten,
elementary or secondary school.)

8216 \$. 00 per week

b. During (last month), did . . . (or . . . 's spouse) lose
any time from work (school/job hunting) because
the person who usually took care of the child(ren)
was not available?

- 8218 1 ☐ Yes, respondent lost time
2 ☐ Yes, spouse lost time
3 ☐ Both respondent and spouse lost time
4 ☐ No
x1 ☐ Don't know

c. During the past 4 months, did . . . change any child
care arrangements for any children under age 15?

(Include ONLY changes in child care providers or
location of child care.)

- 8220 1 ☐ Yes
2 ☐ No — SKIP to Check Item T12, page 60

d. For what reason(s) did this/these child care
arrangement(s) change?

Mark (X) all that apply.

- 8222 1 ☐ Beginning/ending/changes in child's school
enrollment
8224 2 ☐ Beginning/ending/changes in . . . 's job
8226 3 ☐ Beginning/ending/changes in . . . 's school
enrollment
8228 4 ☐ Cost
8230 5 ☐ Availability or hours of care provider
8232 6 ☐ Reliability of care provider
8234 7 ☐ Quality of care provided
8236 8 ☐ Location or accessibility to care provider
8238 9 ☐ Found better/less expensive/more convenient
provider
8240 10 ☐ Never had any regular arrangement
8242 11 ☐ Other — Specify ↓

Go to part C, page 60

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part C — CHILD SUPPORT AGREEMENTS

**CHECK
ITEM T12**

Refer to cc items 24, 25, and 27.
Is . . . the designated parent or
guardian of children under 21 years
of age who live in this household?

8300

- 1 ☐ Yes
2 ☐ No — *SKIP to part D, page 62*

**CHECK
ITEM T13**

Is "Child Support Payments" (code 28)
marked on the ISS?

8302

- 1 ☐ Yes — *SKIP to 2a*
2 ☐ No

**1. These next few questions concern child support.
Have child support payments ever been agreed to
or awarded for (any of) . . . 's children living here?**

8304

- 1 ☐ Yes
2 ☐ No — *SKIP to 3a*

**2a. The following questions relate to the most recent
child support agreement. Was this agreement a
court-ordered agreement, or some other type of
agreement?**

8306

- 1 ☐ Court-ordered agreement
2 ☐ Other type of agreement — *Specify* ↓

b. In what year was this agreement FIRST reached?

8308

1 9

c. Has the dollar amount ever been changed?

8310

- 1 ☐ Yes
2 ☐ No — *SKIP to 2e*

d. In what year was the amount last changed?

8312

1 9

**e. How were the payments to be received? Were
they — (Read categories)?**

8314

- 1 ☐ Directly from the other parent?
2 ☐ Through a court?
3 ☐ Through the welfare agency?
4 ☐ Some other method?

ASK OR VERIFY —

**f. Is . . . still supposed to receive child support
payments?**

8316

- 1 ☐ Yes — *SKIP to 2h*
2 ☐ No

g. Why not?

8318

- 1 ☐ Child(ren) over the age limit
2 ☐ Other parent deceased
3 ☐ Other parent not working
4 ☐ Other — *Specify* ↓

SKIP to 2l

**h. How regularly are the child support payments
received — would you say regularly, occasionally,
seldom, or never?**

8320

- 1 ☐ Regularly
2 ☐ Occasionally
3 ☐ Seldom
4 ☐ Never

**i. What is the total amount that . . . was supposed to
have received in child support payments during
the past 12 months (from the most recent child
support agreement)?**

8322

\$. 00

OR

x1 ☐ DK

**j. What is the total amount that . . . actually received
in child support payments under that agreement,
during the past 12 months?**

8324

\$. 00

OR

x3 ☐ None

OR

x1 ☐ DK

Section 5 — TOPICAL MODULES (Continued)

Part C — CHILD SUPPORT AGREEMENTS (Continued)

2k. Which children living here were covered by that agreement?

8326 x3 ☐ None

x5 ☐ All

OR

Person No. Name

8328

8330

8332

l. What child custody arrangements did that agreement specify?

8334

1 ☐ Visitation arrangements with the other parent

2 ☐ Shared living arrangements

3 ☐ Other arrangements — *Specify* ↓

4 ☐ No custody arrangements specified in the agreement

ASK OR VERIFY —

m. Does . . . know the current address of the other parent?

8336

1 ☐ Yes

2 ☐ No

3 ☐ Other parent deceased — *SKIP to Check Item T14*

n. Does the other parent now live in this state?

8338

1 ☐ Yes

2 ☐ No

x1 ☐ Don't know } *SKIP to Check Item T14*

o. Does the other parent now live in this city or county?

8340

1 ☐ Yes

2 ☐ No

x1 ☐ Don't know

**CHECK
ITEM T14**

Refer to cc items 24 and 25.

Does . . . have more than one child under 21 years of age who lives in this household?

8342

1 ☐ Yes

2 ☐ No — *SKIP to 3a*

2p. (Other than the support agreement/payments discussed above), were any of . . . 's other children in this household covered by another child support agreement?

8344

1 ☐ Yes

2 ☐ No

3a. Has . . . ever contacted a public agency (such as the child support enforcement office) for aid in obtaining child support?

8346

1 ☐ Yes

2 ☐ No — *SKIP to part D, page 62*

b. In what year did . . . last contact that agency?

8348

1 9

c. What type of help did . . . need (most recently)?

Mark (X) all that apply.

8350

1 ☐ Locate the other parent

8352

2 ☐ Establish paternity/maternity

8354

3 ☐ Establish support obligation

8356

4 ☐ Enforce support order

8358

5 ☐ Obtain collection

8360

6 ☐ Other — *Specify* ↓

d. Did . . . receive any help from that agency?

8362

1 ☐ Yes

2 ☐ No — *SKIP to part D, page 62*

e. What kind of help did . . . receive (most recently)?

Mark (X) all that apply.

8364

1 ☐ Locate the other parent

8366

2 ☐ Establish paternity/maternity

8368

3 ☐ Establish support obligation

8370

4 ☐ Enforce support order

8372

5 ☐ Obtain collection

8374

6 ☐ Other — *Specify* ↓

Go to part D

Section 5 — TOPICAL MODULES (Continued)

Part D — SUPPORT FOR NONHOUSEHOLD MEMBERS

1. During the past 12 months, did . . . make any regular or lump-sum payments for the support of someone who did not live in . . . 's household? <i>(Include alimony or child support; do not include payments for a child who is away at school but who is considered part of the household. Do not include payments already reported by another household member.)</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8400</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to Check Item T16, page 63</i> </div>
2. Did . . . make regular payments, lump-sum payments, or both?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8402</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Regular <input type="checkbox"/> Lump-sum <input type="checkbox"/> Both </div>
3a. Were any of these payments for the support of . . . 's child or children under 21 years of age?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8404</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </div> <div style="margin-left: 20px;">} <i>SKIP to 5b</i></div>
b. For how many children did . . . make support payments?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8406</div> <div style="margin-left: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> Children <input type="checkbox"/> DK </div>
c. Were any of these payments the result of a court-order or some other kind of written agreement?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8408</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 4c</i> </div>
ASK OR VERIFY — d. Was this/these agreement(s) a court-ordered agreement or some other type of agreement? <i>Mark (X) all that apply.</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8410</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Court-order <input type="checkbox"/> Other agreement — <i>Specify</i> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">8412</div>
These next few questions relate to the most recent court-ordered and/or written child support agreement for . . . 's child(ren).	
3e. In what year was this agreement FIRST reached?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8414</div> <div style="margin-left: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center;">1</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center;">9</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div>
f. Has the dollar amount ever been changed?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8416</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 3h</i> </div>
g. In what year was the amount last changed?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8418</div> <div style="margin-left: 10px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center;">1</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center;">9</div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> </div>
h. Is . . . still supposed to pay child support?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8420</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
i. How much did . . . pay in child support under this agreement during the past 12 months?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8422</div> <div style="margin-left: 10px;"> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center;">00</div> </div> <div style="margin-left: 10px;"> <input type="checkbox"/> DK </div>
j. Were these payments made by withholding money from . . . 's paycheck?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8424</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
4a. (Other than the most recent support agreement/ payments discussed above), were any of . . . 's other children outside of this household under age 21 covered by any other court-ordered and/or written child support agreement?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8426</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 4c</i> </div>
b. How much did . . . pay in child support for this/these arrangement(s) during the past 12 months?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8428</div> <div style="margin-left: 10px;"> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center;">00</div> </div> <div style="margin-left: 10px;"> <input type="checkbox"/> DK </div>
c. (Other than the agreement discussed above) were any child support payments made without a written child support agreement for . . . 's children under age 21?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8430</div> <div style="margin-left: 10px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 5a</i> </div>
d. How much did . . . pay for child support under this arrangement during the past 12 months?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8432</div> <div style="margin-left: 10px;"> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; text-align: center;">00</div> </div> <div style="margin-left: 10px;"> <input type="checkbox"/> DK </div>

Section 5 – TOPICAL MODULES (Continued)

Part D – SUPPORT FOR NONHOUSEHOLD MEMBERS (Continued)

5a. During the past 12 months, did . . . make regular payments for the support of any other person not living in . . . 's household?

8434

- 1 ☐ Yes
2 ☐ No — *SKIP to Check Item T16*

b. For how many (other) persons did . . . make support payments?

8436

Persons

x1 ☐ DK

ASK 5c–5e FOR THE FIRST TWO PERSONS MENTIONED.

c. How is this person related to . . . ?

Mark (X) only one box.

FIRST PERSON

8438

- 1 ☐ Parent
2 ☐ Spouse
3 ☐ Ex-spouse
4 ☐ Child under 21
5 ☐ Child 21 or older
6 ☐ Other relative
7 ☐ Nonrelative

SECOND PERSON

8440

- 1 ☐ Parent
2 ☐ Spouse
3 ☐ Ex-spouse
4 ☐ Child under 21
5 ☐ Child 21 or older
6 ☐ Other relative
7 ☐ Nonrelative

d. Where was this person living during most of the past 12 months? Was it in a private home or apartment, a nursing home, or someplace else?

8442

- 1 ☐ Private home or apartment
2 ☐ Nursing home
3 ☐ Someplace else

8444

- 1 ☐ Private home or apartment
2 ☐ Nursing home
3 ☐ Someplace else

e. How much did . . . pay for the support of this person during the past 12 months?

8446

\$. 00

x1 ☐ DK

8448

\$. 00

x1 ☐ DK

CHECK ITEM T15

Is the entry in item 5b "03" or more?

8450

- 1 ☐ Yes
2 ☐ No — *SKIP to Check Item T16*

6. How much did . . . pay during the past 12 months for the support of the other persons that we have not talked about already?

8452

\$. 00

x1 ☐ DK

CHECK ITEM T16

Refer to item 27h, page 10.

Did . . . have a family plan health insurance policy?

8454

- 1 ☐ Yes
2 ☐ No — *SKIP to part E, page 64*

ASK OR VERIFY —

7a. We recorded earlier that . . . had a family plan health insurance policy. Did that policy cover anybody who did not live in . . . 's household?

8456

- 1 ☐ Yes
2 ☐ No — *SKIP to part E, page 64*

b. How many persons outside of . . . 's household were covered by . . . 's policy?

8458

Number

x1 ☐ DK

ASK OR VERIFY —

c. How were these persons related to . . . ?

Mark (X) all that apply.

8460

1 ☐ Child(ren)

8462

2 ☐ Spouse

8464

3 ☐ Other — *Specify*

Go to part E, page 64

NOTES

Section 5 – TOPICAL MODULES (Continued)

Part E – HOME HEALTH CARE

1. Were there times in the past month when . . . needed help with things like personal care, housework, preparing meals, or getting to the store or doctor because . . . had a health problem or condition?	8500 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Statement D, page 66</i>	
2. Did . . . need help because of a health condition that has lasted or will last 3 months or longer?	8502 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to Statement D, page 66</i>	
3a. Did . . . need help from others in looking after personal needs such as dressing, undressing, eating, or personal hygiene?	8504 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 4a</i>	
b. Who helped . . . with such things? Anyone else? <i>(Mark up to two helpers; one in each column. If only one helper, mark first column.)</i>	FIRST HELPER RELATIVE 8506 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help	SECOND HELPER RELATIVE 8508 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help
ASK OR VERIFY – C. Is (Person mentioned above) a household member?	8510 1 <input type="checkbox"/> Yes Person number <input type="text"/> <input type="text"/> <input type="text"/> 8514 8518 2 <input type="checkbox"/> No	8512 1 <input type="checkbox"/> Yes Person number <input type="text"/> <input type="text"/> <input type="text"/> 8516 8520 2 <input type="checkbox"/> No
4a. Because of . . . 's health, did . . . need help with housework such as washing dishes, straightening up, or light cleaning?	8522 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No – <i>SKIP to 5a</i>	
b. Who helped . . . with such things? Anyone else? <i>(Mark up to two helpers; one in each column. If only one helper, mark first column.)</i>	FIRST HELPER RELATIVE 8524 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help	SECOND HELPER RELATIVE 8526 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help
ASK OR VERIFY – C. Is (Person mentioned above) a household member?	8528 1 <input type="checkbox"/> Yes Person number <input type="text"/> <input type="text"/> <input type="text"/> 8532 8536 2 <input type="checkbox"/> No	8530 1 <input type="checkbox"/> Yes Person number <input type="text"/> <input type="text"/> <input type="text"/> 8534 8538 2 <input type="checkbox"/> No

Section 5 — TOPICAL MODULES (Continued)

Part E — HOME HEALTH CARE (Continued)

5a. Because of . . . 's health or condition, did . . . need help to prepare meals?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8540</div> <div style="margin-left: 20px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 6a</i> </div>				
b. Who helped . . . with such things? Anyone else? <i>(Mark up to two helpers; one in each column. If only one helper, mark first column.)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">FIRST HELPER</th><th style="width: 50%; text-align: center;">SECOND HELPER</th></tr> </thead> <tbody> <tr> <td style="vertical-align: top; padding: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8542</div> <div style="margin-left: 20px;"> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help </div> </td><td style="vertical-align: top; padding: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8544</div> <div style="margin-left: 20px;"> 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help </div> </td></tr> </tbody> </table>	FIRST HELPER	SECOND HELPER	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8542</div> <div style="margin-left: 20px;"> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8544</div> <div style="margin-left: 20px;"> 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help </div>
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d. During the past 4 months, did . . . receive any meals provided by a community service, either delivered to the home or served in a group setting?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8558</div> <div style="margin-left: 20px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 6a</i> </div>				
e. How many meals a week did . . . usually receive?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8560</div> <div style="margin-left: 20px;"> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="margin-left: 10px;">x1 <input type="checkbox"/> DK</div> </div>				
6a. Did . . . need help from another person in order to get around outside the house?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8562</div> <div style="margin-left: 20px;"> 1 <input type="checkbox"/> Unable to leave the house — <i>SKIP to 7a</i> 2 <input type="checkbox"/> Yes 3 <input type="checkbox"/> No — <i>SKIP to 7a</i> </div>				
b. Who helped . . . with such things? Anyone else? <i>(Mark up to two helpers; one in each column. If only one helper, mark first column.)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">FIRST HELPER</th><th style="width: 50%; text-align: center;">SECOND HELPER</th></tr> </thead> <tbody> <tr> <td style="vertical-align: top; padding: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8564</div> <div style="margin-left: 20px;"> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help </div> </td><td style="vertical-align: top; padding: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8566</div> <div style="margin-left: 20px;"> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help </div> </td></tr> </tbody> </table>	FIRST HELPER	SECOND HELPER	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8564</div> <div style="margin-left: 20px;"> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8566</div> <div style="margin-left: 20px;"> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help </div>
FIRST HELPER	SECOND HELPER				
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8564</div> <div style="margin-left: 20px;"> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8566</div> <div style="margin-left: 20px;"> RELATIVE 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative NONRELATIVE 6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help </div>				
<div style="margin-left: 20px;">ASK OR VERIFY —</div> c. Is (Person mentioned above) a household member?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8568</div> <div style="margin-left: 20px;"> 1 <input type="checkbox"/> Yes <div style="margin-left: 20px;">Person number</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 0;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8572</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8576</div> <div style="margin-left: 20px;">2 <input type="checkbox"/> No</div> </div> </td><td style="width: 50%; vertical-align: top; padding: 5px;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8570</div> <div style="margin-left: 20px;"> 1 <input type="checkbox"/> Yes <div style="margin-left: 20px;">Person number</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 0;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8574</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8578</div> <div style="margin-left: 20px;">2 <input type="checkbox"/> No</div> </div> </td></tr> </tbody> </table>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8568</div> <div style="margin-left: 20px;"> 1 <input type="checkbox"/> Yes <div style="margin-left: 20px;">Person number</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 0;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8572</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8576</div> <div style="margin-left: 20px;">2 <input type="checkbox"/> No</div> </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8570</div> <div style="margin-left: 20px;"> 1 <input type="checkbox"/> Yes <div style="margin-left: 20px;">Person number</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px 0;"></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8574</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">8578</div> <div style="margin-left: 20px;">2 <input type="checkbox"/> No</div> </div>		
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Section 5 — TOPICAL MODULES (Continued)

Part E — HOME HEALTH CARE (Continued)

7a. (Because of . . . 's health or condition) did . . . need the help of another person for keeping track of money and bills?

8580

- 1 ☐ Yes
2 ☐ No — SKIP to 8a

b. Who helped . . . with such things?

Anybody else?

(Mark up to two helpers; **one** in each column. If only one helper, mark first column.)

FIRST HELPER

SECOND HELPER

RELATIVE

8582

- 1 ☐ Son
2 ☐ Daughter
3 ☐ Spouse
4 ☐ Parent
5 ☐ Other relative

NONRELATIVE

- 6 ☐ Friend or neighbor
7 ☐ Paid help
8 ☐ Other nonrelative
9 ☐ Did not receive help

RELATIVE

8584

- 1 ☐ Son
2 ☐ Daughter
3 ☐ Spouse
4 ☐ Parent
5 ☐ Other relative

NONRELATIVE

- 6 ☐ Friend or neighbor
7 ☐ Paid help
8 ☐ Other nonrelative
9 ☐ Did not receive help

ASK OR VERIFY —

C. Is (Person mentioned above) a household member?

8586

- 1 ☐ Yes

Person number

8590

8594

- 2 ☐ No

8588

- 1 ☐ Yes

Person number

8592

8596

- 2 ☐ No

ASK OR VERIFY —

8a. During the past month, did . . . (or . . . 's family) pay for any of the help that . . . received?

8598

- 1 ☐ Yes
2 ☐ No
x1 ☐ DK } SKIP to Check Item T17

b. How much was paid for such help during (Read last month)?

8600

\$. 00

- x1 ☐ DK

**CHECK
ITEM T17**

Refer to item 6a, page 65.

Was . . . unable to leave the house or did . . . need help to get around outside the house?

8602

- 1 ☐ Yes — SKIP to Check Item T18, page 68
2 ☐ No

STATEMENT D

These next few questions concern help . . . may have given to persons who needed assistance for 3 months or more with personal care, housework, meal preparation, shopping, or getting around outside the home.

9a. During the past month, did . . . give this kind of help to anyone outside of . . . 's household? (Exclude professional care givers who are paid for this assistance.)

8604

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T18, page 68

b. How many persons did . . . help in this way?

8606

- 1 ☐ One
2 ☐ Two
3 ☐ Three or more

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part E — HOME HEALTH CARE (Continued)

9c. How was (were) this person (these people) related to . . . ?

8608

FIRST PERSON HELPED

- 1 ☐ Parent
 2 ☐ Brother/sister
 3 ☐ Child
 4 ☐ Grandparent
 5 ☐ Other relative
 6 ☐ Not a relative

8610

SECOND PERSON HELPED

- 1 ☐ Parent
 2 ☐ Brother/sister
 3 ☐ Child
 4 ☐ Grandparent
 5 ☐ Other relative
 6 ☐ Not a relative

8612

THIRD PERSON HELPED

- 1 ☐ Parent
 2 ☐ Brother/sister
 3 ☐ Child
 4 ☐ Grandparent
 5 ☐ Other relative
 6 ☐ Not a relative

10. During the last month, did . . . give any of the following kinds of help?

a. Help someone dress, eat, bathe, or get to the bathroom?

8614

YES NO

1 ☐ 2 ☐

b. Help someone with housework such as washing dishes, straightening up, or light cleaning?

8616

1 ☐ 2 ☐

c. Prepare a meal?

8618

1 ☐ 2 ☐

d. Take someone shopping, to a doctor, or somewhere else outside the home?

8620

1 ☐ 2 ☐

e. Help someone by keeping track of their money or bills?

8622

1 ☐ 2 ☐

11. During the past month, about how many days were there when . . . gave personal care help to someone?

8624

Days

x1 ☐ DK

12. During the past month, about how many hours a week did . . . spend providing personal care help?

8626

Hours

x1 ☐ DK

(Enter "99" if 100 or greater.)

Go to part F, page 68

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part F — DISABILITY STATUS OF CHILDREN

**CHECK
ITEM T18**

*Refer to cc
item 27.*

Is . . . the designated parent
or guardian of children under
18 years old who live in this
household?

8700

- 1 ☐ Yes
2 ☐ No — *SKIP to part G*

**1 a. Do any of . . . 's children
(under 18) in this
household have a long
lasting physical, mental,
or emotional condition
which limits their ability
to walk, run, or play?**

8702

- 1 ☐ Yes
2 ☐ No — *SKIP to 2a*

b. Which children?

*Enter children by age,
oldest first.*

8704

Person No.

--	--	--

Name

8706

Person No.

--	--	--

Name

8708

Person No.

--	--	--

Name

(SHOW FLASHCARD II)

**c. What health condition is
the main reason (Name of
child) has this difficulty?**

8710

Code

--	--

Name of condition

8712

Code

--	--

Name of condition

8714

Code

--	--

Name of condition

**d. Would you say (Name of
child)'s limitation is
severe, moderate, or
minor?**

8716

- 1 ☐ Severe
2 ☐ Moderate
3 ☐ Minor

8718

- 1 ☐ Severe
2 ☐ Moderate
3 ☐ Minor

8720

- 1 ☐ Severe
2 ☐ Moderate
3 ☐ Minor

**2a. Do any of . . . 's children
(under 18) in this household
have a long lasting physical,
mental, or emotional
condition which limits
their ability to learn or do
regular school work?**

8722

- 1 ☐ Yes
2 ☐ No — *SKIP to part G*

b. Which children?

*Enter children by age,
oldest first.*

8724

Person No.

--	--	--

Name

8726

Person No.

--	--	--

Name

8728

Person No.

--	--	--

Name

(SHOW FLASHCARD II)

**c. What health condition is
the main reason (Name of
child) has this difficulty?**

8730

Code

--	--

Name of condition

8732

Code

--	--

Name of condition

8734

Code

--	--

Name of condition

**d. Would you say (Name of
child)'s limitation is
severe, moderate, or
minor?**

8736

- 1 ☐ Severe
2 ☐ Moderate
3 ☐ Minor

8738

- 1 ☐ Severe
2 ☐ Moderate
3 ☐ Minor

8740

- 1 ☐ Severe
2 ☐ Moderate
3 ☐ Minor

Go to part G

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part G — HEALTH STATUS AND UTILIZATION OF HEALTH CARE SERVICES

<p>These next few questions are about . . . 's health.</p> <p>1. Would you say . . . 's health in general is excellent, very good, good, fair, or poor?</p>	<p style="text-align: right;">8816</p> <p>1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p>
<p>2a. During the past 12 months, was . . . a patient in a hospital overnight or longer?</p>	<p style="text-align: right;">8818</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 3</i></p>
<p>b. How many different times did . . . stay in a hospital overnight or longer during the past 12 months?</p>	<p style="text-align: right;">8820</p> <p><input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK</p>
<p>c. What was the reason for . . . 's last hospital stay? <i>Mark (X) all that apply.</i></p>	<p style="text-align: right;">8821</p> <p>1 <input type="checkbox"/> Child birth</p> <p style="text-align: right;">8822</p> <p>2 <input type="checkbox"/> Surgery or operation (including bone setting or getting stitches)</p> <p style="text-align: right;">8823</p> <p>3 <input type="checkbox"/> Other medical</p>
<p>d. Was . . . a patient in a VA or military hospital during (this visit/any of these visits)?</p>	<p style="text-align: right;">8824</p> <p>1 <input type="checkbox"/> Yes, military 2 <input type="checkbox"/> Yes, VA 3 <input type="checkbox"/> Yes, both military and VA 4 <input type="checkbox"/> No</p>
<p>e. How many nights in all did . . . spend in a hospital during the past 12 months?</p>	<p style="text-align: right;">8825</p> <p><input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK</p>
<p>f. How many of these nights were in the past 4 months?</p>	<p style="text-align: right;">8826</p> <p>x5 <input type="checkbox"/> All nights OR <input type="text"/> <input type="text"/> <input type="text"/> Nights OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None</p>
<p>3. During the past 4 months, about how many days did illness or injury keep . . . in bed more than half of the day? (Include days while an overnight patient in a hospital.)</p>	<p style="text-align: right;">8828</p> <p>x5 <input type="checkbox"/> All days OR <input type="text"/> <input type="text"/> <input type="text"/> Days OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None</p>
<p>4a. During the past 12 months, how many times did . . . see or talk to a medical doctor or assistant? (Do not count occurrences while an overnight patient in a hospital.)</p>	<p style="text-align: right;">8830</p> <p><input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None } <i>SKIP to 5a</i></p>
<p>b. How many of these visits or calls were in the past 4 months?</p>	<p style="text-align: right;">8832</p> <p><input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None</p>
<p>5a. Is there a particular clinic, health center, doctor's office, or some other place where . . . usually goes if . . . is sick or needs advice about . . . 's health?</p>	<p style="text-align: right;">8834</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T19, page 70</i></p>

Section 5 – TOPICAL MODULES (Continued)	
Part G – HEALTH STATUS AND UTILIZATION OF HEALTH CARE SERVICES (Continued)	
5b. To what kind of place does . . . usually go? <i>Mark (X) only one.</i>	8836 <div><input type="checkbox"/> 1 Doctor's office (or HMO) <input type="checkbox"/> 2 VA hospital <input type="checkbox"/> 3 Military hospital <input type="checkbox"/> 4 Hospital outpatient clinic (not VA or military) <input type="checkbox"/> 5 Hospital emergency room <input type="checkbox"/> 6 Company or industry clinic <input type="checkbox"/> 7 Health center (neighborhood health center or free or low-cost clinic) <input type="checkbox"/> 8 Other — <i>Specify</i> ↓ <div></div></div>
CHECK ITEM T19 <i>Refer to item 27a, page 10.</i> Is . . . covered by a health insurance plan?	8838 <div><input type="checkbox"/> 1 Yes — <i>SKIP to part H</i> <input type="checkbox"/> 2 No</div>
CHECK ITEM T20 Is "Medicare" (code 172) or "Medicaid" (code 173) marked on the ISS?	8840 <div><input type="checkbox"/> 1 Yes — <i>SKIP to part H</i> <input type="checkbox"/> 2 No</div>
6. I have recorded that . . . is not covered by a health insurance plan. Is that correct?	8842 <div><input type="checkbox"/> 1 Correct <input type="checkbox"/> 2 Incorrect — covered by some other plan — <i>SKIP to part H</i></div>
<i>(SHOW FLASHCARD JJ)</i> 7. Which answer on this card best describes why . . . is not covered by health insurance? <i>Mark (X) only one.</i>	8844 <div><input type="checkbox"/> 1 Job layoff, job loss, or any reasons related to unemployment <input type="checkbox"/> 2 Employer does not offer health insurance <input type="checkbox"/> 3 Can't obtain health insurance because of poor health, illness, or age <input type="checkbox"/> 4 Too expensive; can't afford health insurance <input type="checkbox"/> 5 Dissatisfied with previous health insurance <input type="checkbox"/> 6 Don't believe in health insurance <input type="checkbox"/> 7 Have been healthy; not much sickness in the family; haven't needed health insurance <input type="checkbox"/> 8 Able to go to VA or military hospital for medical care <input type="checkbox"/> 9 Covered by some other health plan <input type="checkbox"/> 10 Other — <i>Specify</i> ↓ <div></div></div>
Go to part H	
NOTES	

Section 5 — TOPICAL MODULES — Continued

Part H — FUNCTIONAL ACTIVITIES

The next few questions are about . . . 's health and ability to perform certain activities.

- 1a.** Does . . . have any difficulty seeing words and letters in ordinary newspaper print even when wearing glasses or contact lenses if . . . usually wears them?

8900

- 1 ☐ Yes
2 ☐ No — *SKIP to Check Item T21*

- b.** Is . . . able to do this at all?

8902

- 1 ☐ Yes
2 ☐ No

**CHECK
ITEM T21**

Is . . . a self-respondent?

8904

- 1 ☐ Yes — *Mark 1c through 1e by observation*
2 ☐ No — *ASK 1c through 1e*

- 1c.** Does . . . have any difficulty hearing what is said in a normal conversation with another person? (Using a hearing aid if . . . usually wears one.)

8906

- 1 ☐ Yes
2 ☐ No — *SKIP to 1e*

- d.** Is . . . able to do this at all?

8908

- 1 ☐ Yes
2 ☐ No

- e.** Does . . . have any trouble having his/her speech understood?

8910

- 1 ☐ Yes
2 ☐ No

MARK BY OBSERVATION IF APPARENT.

- 2.** Does . . . generally use an aid to help . . . get around such as crutches, a cane, or a wheelchair?

8912

- 1 ☐ Yes
2 ☐ No

These next questions ask whether . . . 's health or condition affects . . . 's ability to do certain activities. (If person uses special aids, ask about the ability to do the activity while using the special aids.)

- 3a.** Does . . . have any difficulty lifting and carrying something as heavy as 10 lbs., such as a full bag of groceries?

8914

- 1 ☐ Yes
2 ☐ No — *SKIP to 3c*

- b.** Is . . . able to do this at all?

8916

- 1 ☐ Yes
2 ☐ No

- c.** Does . . . have any difficulty walking for a quarter of a mile — about 3 city blocks?

8918

- 1 ☐ Yes
2 ☐ No — *SKIP to 3e*

- d.** Is . . . able to do this at all?

8920

- 1 ☐ Yes
2 ☐ No

- e.** Does . . . have any difficulty walking up a flight of stairs without resting?

8922

- 1 ☐ Yes
2 ☐ No — *SKIP to 3g*

- f.** Is . . . able to walk up a flight of stairs without the help of another person?

8924

- 1 ☐ Yes
2 ☐ No

- g.** Does . . . have any difficulty getting around outside the house by . . . 's self?

8926

- 1 ☐ Yes
2 ☐ No — *SKIP to 3i*

- h.** Does . . . need the help of another person in order to get around outside the house?

8928

- 1 ☐ Yes
2 ☐ No

- i.** Does . . . have any difficulty getting around inside the house by . . . 's self?

8930

- 1 ☐ Yes
2 ☐ No — *SKIP to 3k*

- j.** Does . . . need the help of another person in order to get around inside the house?

8932

- 1 ☐ Yes
2 ☐ No

- k.** Does . . . have any difficulty getting into and out of bed by . . . 's self?

8934

- 1 ☐ Yes
2 ☐ No — *SKIP to Check Item C1, page 75*

- l.** Does . . . need the help of another person in order to get in and out of bed?

8936

- 1 ☐ Yes
2 ☐ No

Go to Check Item C1, page 75

NOTES